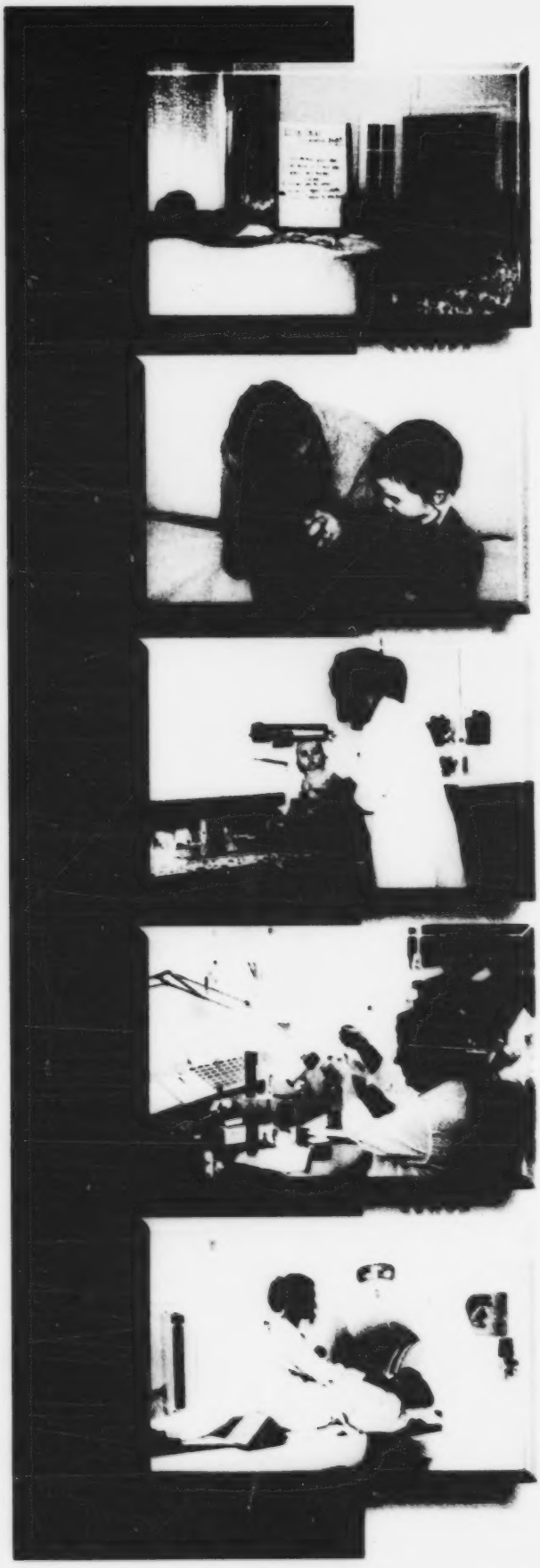

Annual Report 1999 - 2000

Queens Region
Health and
Community
Services

103-00850/

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A Message from the Board Chair & CEO

In November 1999, the Queens Region Board welcomed the addition of two newly elected members. The election of these members marked a significant development in the evolution of our board. Over the next two years, elections will continue until the board has five elected and four appointed members. The addition of elected members helps ensure the board maintains a connection with the community it serves, and is able to act as a voice in bringing community needs to the table.

During the past year, many accomplishments helped bring us closer to achieving our five board goals. Over the next year we will be re-examining these goals, to ensure they adequately reflect the needs of the individuals, families and communities that make up the Queens Health Region. We will also be exploring how we communicate with the citizens of the Queens Region - how we convey information, and how we receive feedback. We will be relying on our community partners to help us determine the best way to ensure these lines of communication remain open and productive.

Community involvement will also play a key role in the June 2001 Regional Accreditation. Accreditation by the Canadian Council on Health Service Accreditation offers the Region an opportunity to evaluate its' services based on nationally accepted standards. The Region went through a similar exercise in 1998 and has acted on the recommendations received by the accreditors at that time. In preparation for our upcoming accreditation, we have organized 18 Regional Accreditation Teams. These teams either include community members, or will directly solicit client feedback on programs and services for use during the self-evaluation process. The Board and Senior Management comprise one of the teams. Their focus is on leadership and planning within the region.

Information gathered through community consultation and accreditation will help us as we plan for future developments in our Region. Rapid change is an inevitability in health and social services, and the input of the community, staff and physicians is vital in ensuring services match community needs.

Over the last year, a great deal of effort was spent in partnership with other organizations in attempting to overcome human resource challenges in various parts of our system. Significant strides have been made in several areas, including support from new Provincial Physician and Nursing Recruitment Programs. The Region also benefitted from new nursing positions created by the Provincial Health Care Stabilization

Fund. New ways of staffing have helped alleviate difficulties in nursing staffing, including the creation of a Critical Care Nursing Float Pool. Innovative new clinical training opportunities have also helped the Region make strides in stabilizing staffing issues. In spite of these efforts,, we continue to experience a shortage of professional staff, especially physicians and nurses. We will continue to work in a concerted effort with the province to alleviate this situation.

Another major achievement this past year, was our successful preparation for Y2K. Over 10,000 pieces of equipment and systems from across the region were tested to ensure compliance. Thanks to the efforts of hundreds of staff, the turnover to the year 2000 went without a hitch.

There was significant planning for the evolution of some divisions, including planning for expanded client access options for Provincial Pharmacy Programs. Many Provincial Pharmacy clients now have their pharmacy needs met in their own communities, improving access to medication, education and relationships with local pharmacists.

A highlight of the developments in Addiction Services was the opening of the new Provincial Addictions Facility, a modern building serving clients from across the province. A new Outpatient Detox Program is making it easier for clients to access detoxification from alcohol and other drugs. Family and School programs have also been strengthened.

Innovative programs were also introduced last year. Dental Services introduced a new screening program for 15 and 18 month old babies in partnership with Public Health Nursing.

Community Services welcomed the Four Neighbourhoods Community Health Centre to their division, forging a unique partnership that will see an expansion of services offered by the Centre.

The Region also began to research and develop new psychogeriatric programs to help ensure we are prepared to serve our aging population.

A new wing was added to the Queen Elizabeth Hospital to accommodate the Provincial Cancer Treatment Centre. The new Centre is home to exciting new equipment, and offers a much improved space for both chemotherapy and radiation services. We look forward to the further expansion of the services offered by the Centre - improvements that will bring even more advancements in the treatment of P.E.I. cancer patients.

These are just a few examples of last year's achievements. On behalf of all Board members, I would like to thank the employees and physicians

of the Queens Region for their dedicated service over the last year. It is without question that the staff and physicians are the heart and soul of this organization.

I want to thank Gordon MacKay who retired as CEO from the Queens Region in June of this year after 31 years of service to health care on P.E.I. I want to express my gratitude to Bill Lawlor, Gavin Lutz and Rick Adams, members of our Senior Management team who acted in turn, during the time it took to replace our CEO. And I offer a warm welcome to Sylvia Barron, who assumed the position of CEO for the Queens Region November 27, 2000.

I also want to extend the appreciation of the Board to the Queen Elizabeth Hospital Foundation, the Auxiliary and the many, many other volunteers throughout the region, whose dedication enriches the quality of health care services we are able to offer. I wish to thank Minister Jamie Ballem, Deputy Rory Francis and other provincial health and social services staff. The importance of all parts of the system working together cannot be overstated. And finally, I want to thank the Board members of the Queens Region, especially Dr. Jim Murphy and Dr. David McKenna whose appointed terms expire at the end of November.

While many challenges continue to face health care in this new millennium, we are fortunate to have the health system that we do in this region, and in this province. We will continue to work together to strengthen and improve the services that we provide to the people that we serve.

Sylvia Poirier
Board Chair

Gordon MacKay
CEO (Retired June 2000)

Regional Overview

INTRODUCTION

Queens Region Health and Community Services was established in 1996 as part of health care reform. The Region is responsible under the authority of the *Health and Community Services Act* to provide and manage core programs and services adhering to prescribed standards. While The Minister of Health and Social Services establishes the overall policy direction for the Health system, the Region has flexibility on how it designs and delivers programs to meet local needs while providing core services within established standards.

The Queens Region Health Board is made up of both elected and appointed community members who ensure a link between the Health Region and community. The Board is currently expanding and will move to combined elected and appointed boards over the next three years.

Appointed members are members at large to balance the complement of elected members, and to ensure diverse community representation. When the transition process has been completed in December 2001, the majority of members on the board will be elected by residents of the communities they serve.

Fast Facts:

- There are 25 facilities in the Queens Health Region
- 2,300 are employed either full or part-time
- The total budget is approximately $148,000,000
- There are nine divisions
- There are more than 750 volunteers donating their time

OUR COMMUNITY

The Queens Health Region boundaries encompass the population of Queens County with some minor variations. In addition to providing services to clients within the Region, Queens Region Health also provides some programming to all Islanders (for example, Provincial Pharmacy services).

Queens has an area of approximately 2,007 square kilometers (PEI 5,660). The population of Queens is approximately 70,000 or just over 50 per cent of the total population of Prince Edward Island. The population is almost evenly split between males and females. The Region consists of both rural and urban residents and contains the largest city in the province which has a population of 32,531.

Regional Overview

FACILITIES

The Queens Health Region delivers programs and services from 25 sites, including:

Regional Administration

- Murchison House

Acute Care and Mental Health

- Queen Elizabeth Hospital
- Hillsborough Hospital
- McGill Centre
- Richmond Centre
- Sherwood Home

Continuing Care

- Beach Grove Home
- Prince Edward Home
- Brecken House

Child and Family Services

- The Family Facility
- Family Ties
- Provincial Adolescent Group Home
- Maple Street Group Home
- Euston Street Group Home
- Ellis Brothers Offices

Community Services

- Four Neighbourhoods Community Health Centre
- Ellis Brothers Office
- Provincial Addictions Facility
- Talbot House
- Lacey Residence
- Deacon House
- Dental Health Clinics

Provincial Pharmacy

- Shaw Building

Income Support

- Ellis Brothers Offices, co-located with Human Resources Development Canada

Regional Overview

VOLUNTEERS

Many of the programs and services delivered in the Queens Health Region are supported by volunteers who devote their time and talents to Regional programs. Last year, more than 750 volunteers offered their help to the patients and residents of the Queen Elizabeth Hospital, Beach Grove and Prince Edward Homes, Brecken House Seniors Day Program, Palliative Care, and Hillsborough Hospital.

HUMAN RESOURCES

Approximately 2,300 people were employed last year in the Queens Health Region, on a full-time, part-time or casual basis. They include:

- nursing professions including acute care, long-term care, public health and home care nurses, as well as licensed nursing assistants
- dentists
- social workers
- addiction workers
- nutritionists
- physiotherapists
- pharmacists
- income support workers
- employment enhancement workers
- psychologists
- residential care workers
- speech language pathologists
- environmental health technologists
- occupational therapists

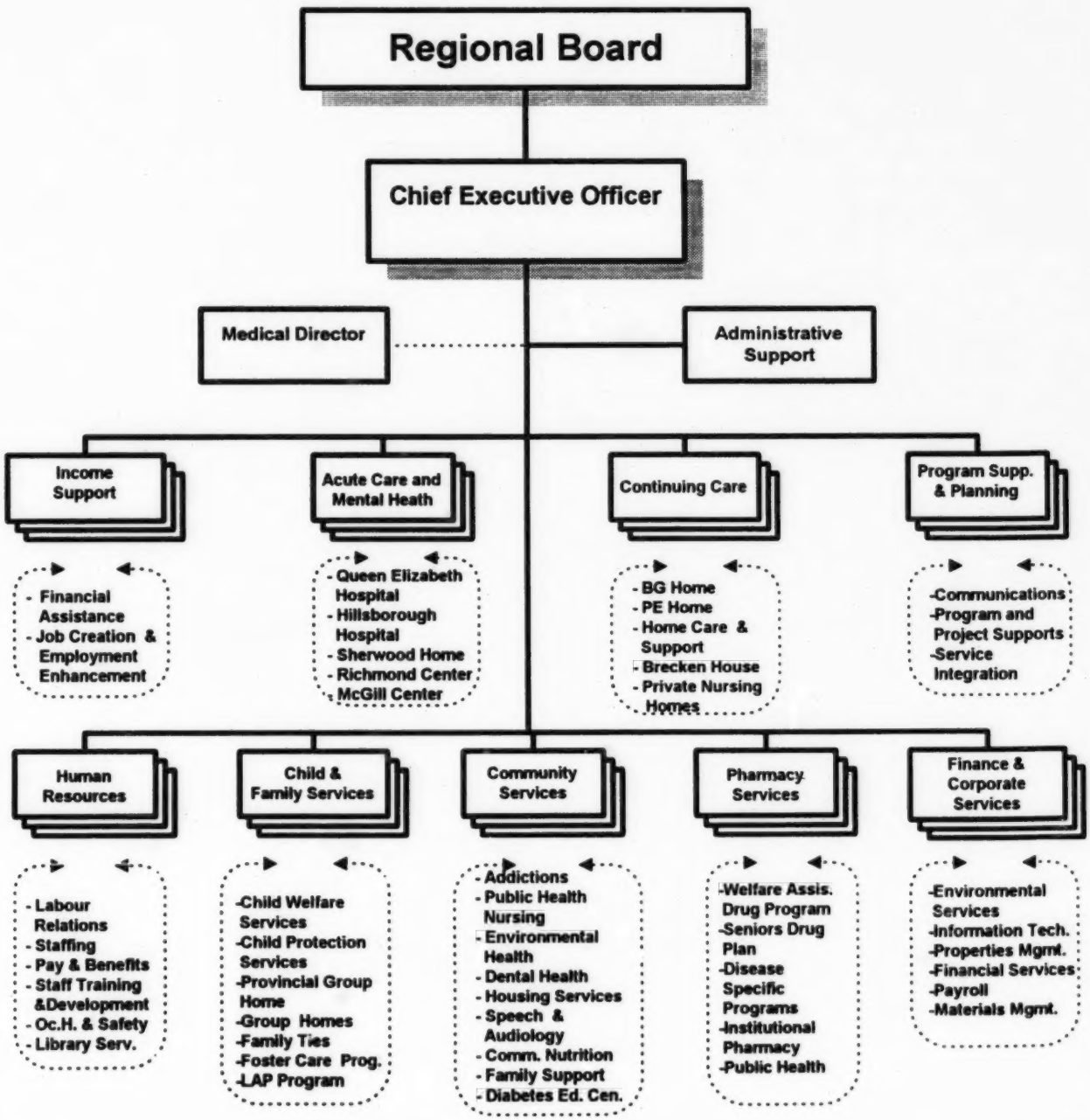
and a variety of other professionals working to ensure the health and well-being of families, individuals and communities in the Queens Health Region.

More than 100 physicians also provided services at Queens Region facilities last year, including general practitioners and specialists in a wide range of areas.

In 1999 - 2000, the Region worked with the Department of Health and Social Services, the PEI Medical Society and the PEI Association of Nurses on a number of retention and recruitment initiatives. In 1999/00 28 new nursing positions were created in Acute Care. In addition, more than 80 students received first-hand exposure to health professions in the Region, through the new Health Care Futures Program introduced by the Department of Health and Social Services.

Organization Chart

Queens Region Health & Community Services



Mission, Vision & Values

Our Mission

Queens Region Health

Provides a broad range of supports and services from prevention, to treatment, to rehabilitation.

The Region, with Communities, will strengthen the health and well-being of the people through the appropriate, effective and efficient use of available resources, while encouraging and promoting self-reliance.

Our Vision

The health of the people in the Queens Region will continue to improve. This will be achieved by a shared responsibility between the Region and the community. We are working to achieve a more supportive environment where individuals, families and communities will have access to information to make healthy choices about their lives.

Our organization will:

- Assure that quality health services are available to people who need them.
- Assure that staff work in an environment of respect, dignity and recognition for their work.
- Have a greater emphasis on illness prevention and health promotion.
- Encourage excellence in the work of the organization.
- Make informed decisions based on an ongoing review of the needs of the community.

Our Values

The Queens Region values all individuals, families and communities. Honesty, integrity and respect will guide us in our relationships with each other and the public.

- We promote quality in what we do.
- We value and support the efforts, skills, dedication and on-going development of staff, volunteers and physicians.
- We believe the people we serve are the focus of our work.
- We value the contributions of community individuals and groups in enhancing the health of people in the region.
- We believe available resources must be used appropriately, effectively and efficiently.
- We promote innovation, open communication and teamwork.
- We believe the future must be built on the excellence of the past.
- We believe that individuals, families and communities have a shared responsibility with the Queens Region to maintain and enhance their health and well-being.
- We will work with them in a climate of mutual trust.

Goals

Goal 1

To deliver effective services and programs based on community needs.

Goal 2

To foster a stimulating and challenging work environment where all people enjoy working.

Goal 3

To promote effective approaches that focus on health promotion, illness prevention and earlier intervention.

Goal 4

To promote and recognize the contribution and input of the community.

Goal 5

To use our resources in the most efficient way.

Overview of Achievements - 1999/2000

To deliver effective services and programs based on community needs:

- Successful planning for Provincial Pharmacy re-organization to improve client access
- 53 student mothers participated in Graduation is for Teen Moms (GIFT) Program
- Asthma Education Centre at the Queen Elizabeth Hospital reduces school days missed by children and work days missed by parents
- More than 100 junior high school students and their families supported by school-based Multi-Agency Support Teams (MAST)
- 460 Financial Support clients participate in Job Creation Program, with 110 employers

To foster a stimulating and challenging work environment where all people enjoy working:

- More than 350 Queens Region Employees were acknowledged at first Annual Regional Service Awards ceremony
- Several divisions held back care and other occupational health and safety sessions
- 40 staff participated in Zenger Miller Leadership Training
- New Critical Care Float Pool created at Queen Elizabeth Hospital
- Occupational Health and Safety Nurse hired for Continuing Care Division
- Eight-week Life Style Awareness Program offered to all staff
- Annual Employee/Physician Picnic well-attended

To promote effective approaches that focus on health promotion, illness prevention and earlier intervention:

- QEH Mammography Program received national accreditation
- 120 parents took part in Parenting Programs
- 228 participants enrolled in food and water illness prevention courses
- 16 schools offered Addiction Services Student Assistance Program
- Flu shots received by hundreds of employees, physicians and volunteers
- Health information sessions on topics such as menopause, male health and alternative medicine were offered in the community
- 1,559 inspections were conducted in an effort to reduce the smoking rates of young people on Prince Edward Island

Overview of Achievements

To promote and recognize the contribution and input of the community:

- Region held first elections for board members
- Various divisions patterned with more than 20 schools to deliver a number of programs and services
- Further developments for the Four Neighbourhoods Community Health Centre were explored
- Recognition ceremonies were held for the Region's more than 750 volunteers at Queen Elizabeth Hospital, Auxiliary, Beach Grove and Prince Edward Homes, Brecken House, Palliative Care and Hillsborough Hospital
- Partnerships continued with a variety of community organizations including Cancer Society, Heart and Stroke, and Lung Association

To use our resources in the most efficient way:

- Staff Attendance Management Program implemented
- Many programs were delivered in partnership and through shared resources with schools and community organizations
- New Best Start Program, "Baby Days" dental program and other screening screening initiatives provided opportunities for earlier intervention
- Pharmacy programs re-organized to work more efficiently with private retailers while improving client access
- QEH Pre-surgery clinic re-engineering resulted in better use of resources and a simplified process for patients and physicians

Divisions: A Year in Review

Child and Family Services

Mission

- *To ensure the most vulnerable are cared for and protected;*
- *To work in partnership with families and communities to provide children and youth quality health and comprehensive community services which emphasize promotion, prevention and earlier intervention.*

Some Objectives Achieved in 1999/2000:

- *Finalized new Facility for the Family Ties Program*
- *Continued expansion of Multi-Agency Service Teams working in area Junior High Schools*
- *Expanded delivery of parenting programs*

A legislated mandate directs the division to protect children and youth from abuse, neglect and abandonment. The client population is comprised of community referrals of children at risk, as well as self-referrals. Child and Family Services' client population experiences every manner of social, emotional and behavioural difficulties. As in other jurisdictions, child abuse and neglect are influenced by poverty, substance abuse, isolation, violence, chronic parental behavioural patterns and literacy.

In the Queens Region there is a high incidence of single parents living on low incomes with substance abuse issues. Frequent referrals come from the Education system regarding children with learning difficulties expressing violent or anti-social behaviour. Domestic violence and the sexual abuse of children are of serious concern. In 1999/00, the Queens Region had approximately 230 children in and out of car, with 60 in the permanent custody of the Director of Child Welfare.

A significant challenge is to ensure protection is provided in the most serious cases while trying to allocate resources to prevention and early intervention. Another challenge has been very active, acute case loads with an approximate 10 per cent increase every year in child protection intake referrals during the 1990s. Last year the division also worked to recruit social workers and maintain its most experienced staff.

Divisional Objectives:

- Continue to improve our child welfare services.
- Foster a stimulating and challenging work environment where all people enjoy working.
- Strengthen our partnerships with the community to enhance the well-being of children and families.
- Provide a public education campaign.

Statistics

Child and Family Services

Child Welfare Services

- 914 Referrals investigated
- 110 Long-term/supportive cases opened as of March 31, 2000
- 142 Children in care as of March 31, 2000
- 14 Adoptions Finalized
- 52 Active Foster Parents

Family Facility

- Supervised Parent/Child Visits - 900
- Anger Management Groups - 28
- Family Preservation Peer Support Meetings - 43
- Foster Caregiver Support Group Meetings - 97

Group Homes

- Provincial Adolescent Group Home - 21 Admissions
- Euston Street Group Home - 32 Admissions
- Maple Street Group Home - 22 Admissions

Family Ties Program

- 261 active cases
- Parenting and Depression Groups offered

Parenting Programs

More than 120 participants in a variety of programs, including:

- Active Parenting
- School-based Parenting Sessions
- Parenting for Prevention and
- Positive Parenting from Two Homes
- Sessions are offered in partnership with a number of community organizations such as:
- C.H.A.N.C.E.S. Family Resource Centre
- Family Facility
- Eastern Region Schools and
- Mi'kmaq Family Resource Centre

Divisions: A Year in Review

Continuing Care

Mission

- *Maximizing the quality of life of seniors and others through the provision of services which support their health and well-being in the community and in long term care.*

The Division of Continuing Care provides a range of services both in the community and long term care institutional settings. These services focus on maintaining individuals in the community by preventing acute or long term care admissions when appropriate, facilitating discharges from acute care as quickly as possible and providing a home-like environment for individuals with chronic disabling conditions.

Although the clients in this division are primarily seniors, the various programs provide an invaluable service to children and adults with palliative and chronic disabling conditions in the community and in institutional settings.

Some Objectives Achieved in 1999/2000:

- *Quality Council established*
- *Communication workshops held for staff and management*
- *Information reports created to track when and where resources are spent*
- *Additional staff hired through Health Care Stabilization Fund*
- *Home Care liaison role expanded to help coordinate services for clients moving between services (ie, Acute Care and Income Support)*

Last year, the trends which guided the evolution of services in this division include:

- an aging population and more elderly seniors
- higher acuity levels in the community and in long term care
- a societal shift toward wanting to stay in the community despite conditions/disabilities
- acuity and chronicity of individuals' conditions as a result of advancements in medical technology

These trends challenge the division with rapidly increasing workloads, complex care requirements and ever increasing service boundaries. The strength of the division in responding to these challenges lies in the dedicated and committed staff who are willing to work together.

Divisional Objectives

- Create a supportive work environment.
- Understand our budget expenditures and needs and develop effective monitoring processes.
- Establish Divisional Quality Council.
- Create comfortable and effective communication in all work environments.
- Clarify and develop the role/services of the Prince Edward Home.

Statistics

Continuing Care

Nursing Homes

- Total Number of Nursing Home Beds - 520
- Total Admissions - 196
- Average Wait for Admission - 30 days
- Palliative Care Admissions - 61
- Convalescent Care Admissions - 161
- Respite Care Admissions - 47

Home Care and Support

- Average Caseload - 410
- Average Number of Visits Per Week - 1,050

Client Breakdown

- Under 60 - 24%
- Over 60 - 76%
- Female - 62%
- Male - 38%

Brecken House

- Total Participants - 48

Divisions: A Year in Review

Acute Care and Mental Health

Mission

- *To provide an appropriate range of acute care hospital services for the people of the Queens Region;*
- *To serve as the major referral centre for specialized hospital services in an integrated health care system for Prince Edward Island.*

Some Objectives Achieved in 1999/2000:

- *28Nursing positions created through Health Care Stabilization Fund*
- *Critical Care Nursing Float Pool Established*
- *New Cancer Treatment Centre Opened*
- *Communication and Decision Making Working Groups Established*
- *Family Centered Care processes begun*
- *Planning meetings held with other Island hospitals*

Acute Care

The Queen Elizabeth Hospital provides acute care services to residents of the Queens Region and to all Islanders. The expectations and demands for services are changing and will continue to do so. The consumers of the services are more informed, and the ability of the acute care system to provide more types of complex services is expanding. Other trends over the last year include: an aging population; increasingly complex technology; and increased competition for staff and physician recruitment. These trends are resulting in new demands, expectations and increased costs for the acute care system.

Divisional Objectives

- Clearly define, develop and evaluate core services for the Queen Elizabeth Hospital, and work with the Department of Health and Social Services in maintaining a collaborative leadership role in the coordination of provincial hospital services.
- Strong, effective, visible leadership at all levels.
- Integrate the Queen Elizabeth Hospital within a regional and provincial health system.
- Participate in the development of a coordinated acute care service for the province.
- Maintain an environment in which people are valued.
- Improve management accountability.
- Provide information in a timely manner to improve decision making.
- Increase physician participation in interdisciplinary patient care and in decision making within the health care system.
- Maintain an effective communications network.
- Continue with the development of a family resource information centre.
- Support patient and family participation in care.
- Have appropriate clinical information available to consumers so they can make decisions regarding their health care.

Statistics

Acute Care and Mental Health

Acute Care - Queen Elizabeth Hospital

277 Inpatient Beds:

▪ Medicine	106	(includes 4 dialysis beds)
▪ Surgery	64	
▪ Pediatrics	28	
▪ OBS/Gyn	22	
▪ Psychiatry	25	(includes 5 adolescent beds)
▪ Rehabilitation	25	
▪ ICU/CCU	12	

Admissions 10,118
Births 1008
Average Length of Stay (excluding rehabilitation) 7.9 days
Patient Days 84, 859 (excluding newborns)
Average Occupancy Rate 85%
Working Budget $59, 532,000

Employees

- 1364 Employees:
- 1058 Permanent
- 306 Casual and Temporary
- Hours of Work Provided 2,052,028

Medical Staff

- 102 Active Physicians:
- 38 Family Practice (includes Emergency)
- 64 Specialists: Anaesthesia, Obstetrics, Pediatrics, Psychiatry, Internal Medicine, Laboratory Medicine, Diagnostic Imaging, Rehabilitation Medicine, Radiation Oncology, General Surgery, Orthopedics, Ophthalmology, Otolaryngology, Urology, Plastics and Oral Surgery
- 80% of the provincial specialists practice from the Queen Elizabeth Hospital

Selected Support Services:

▪ Volunteer Hours of Duty	24, 299
▪ Pounds of Laundry Processed	2, 619, 955
▪ Staff Development Programs Offered	710

Queen Elizabeth Hospital Foundation

- Last year the Foundation purchased ten pieces of priority equipment ranging in price from $1,500 to $175,000
- More than 1,800 individuals and organizations contributed generously to the Foundation in 1999/00
- Six estates left a bequest in their will for a total of $60,000
- Approximately $100,000 was received in memorial donations
- A total of $787,000 was raised in last year's Annual Campaign

Statistics

Acute Care and Mental Health

(Queen Elizabeth Hospital continued)

Selected Patient Services:

Medical Oncology Visits	4385
Radiation Oncology Visits	1420
Outpatient Physician Clinic Visits	8971
Physical Medicine Outpatient Visits	11,655
Prescriptions Filled	218,962
Emergency Department Visits	42,879
Psychiatry Admissions	459
Endoscopy Procedures	3029
Vascular Lab Assessments	2151
IWK Specialty Clinic Patients	795

Operating Room

Number of Operating Rooms	7
Operative Hours	7244
Total Procedures	8292
Day Surgeries	55% of all procedures 10 Day Surgery beds

Diagnostic Imaging

Total Examinations	78,244
Radiography	50,492 exams
Ultrasound	9432
Computed Tomography	10,519
Nuclear Medicine	4601
Mammography	3200

Laboratory Medicine

Total Tests	869, 963
Clinical Chemistry	549, 492 tests
Hematology	163, 260
Microbiology	75, 100
Immunology	13, 819
Anatomic Pathology	33, 211

- 68% of the workload is referred into the Queen Elizabeth Hospital from other hospitals, physician offices or other sources

The Queen Elizabeth Hospital Auxiliary

- Volunteers: 250
- Fundraising Operations: Lillibet's Gift Shop & the Royal Pantry
- The Auxiliary also operates the Queen Elizabeth Hospital Lodge for families of in-patients
- Funds Donated to the Hospital in 1999/00: $140,000
- Amount Donated by Auxiliary for new Neonatal Intensive Care Unit: $500,000

Divisions: A Year in Review

Acute Care and Mental Health

Mission

- *To assist in the improvement of mental health through quality mental health services, promotion of a better understanding of mental health/illness and development of early intervention/ treatment, prevention, and promotion activities.*

Some Objectives Achieved in 1999/2000:

- *Hillsborough Hospital completed strategic planning process*
- *Review of Community Mental Health Services conducted*
- *Life Style Awareness Program for staff expanded*
- *Assessment beds established on QEH Unit 9*
- *Telepsychiatry implemented in partnership with IWK Grace*

Mental Health

The client group includes persons of all ages who present with a ranges of mental health problems. Last year, there were approximately 3,500 active clients provided with services in the formal mental health system. Services are provided both within institutions and the community and include consultation, assessment and treatment interventions. Presenting problems include psychotic illnesses, depression, suicidal issues, family and behavioural problems, sexual abuse, and developmental problems.

Clients have multiple needs. Societal issues such as unemployment, changing expectations and values, as well as an aging population have had an impact on the use of mental health services. The demand for services continues to exceed resources, including an increased demand for specialist services.

The division will endeavour to make greater use of technology and to increase programs to address the aging population. Earlier intervention,, prevention and promotion programming are areas of focus that can help us to provide efficient and effective use of our resources in the future.

Divisional Objectives

- Identify and implement opportunities for improved services to clients with specialized needs.
- Improve access and coordination of services.
- Assure the most efficient use of Mental Health resources.
- Improve communication and education with other agencies and the public about mental health services and issues.
- Increase promotion, prevention and earlier intervention programs and approaches with the goal of improving the mental health of the general population.

Statistics

Acute Care and Mental Health

Mental Health

Unit 9

- 459 admissions
- 321 Emergency Department consultations
- 208 consultation in other nursing units
- 21 partner organizations, including: Hillsborough Hospital; Richmond Centre; Corrections; Fitzroy Centre; Montague Mental Health Centre; Family Ties; Provincial Group Home; Home Care; McGill Day Treatment Centre; Addictions; Police/RCMP; Community Care Facilities; and Nursing Homes

Richmond Centre

- Active Caseload: 876
- Referrals: 1571
- Average new/re-admissions per month: 131
- Percentage of clients under 18: 25%
- Travelling Clinics with Child/Adolescent Psychiatrist: 54
- Telepsychiatry Consultations: 20
- Groups offered included: ADHD Groups for children and parents; Borderline Personality Group; Eating Disorder Group; Children's Social Skills Group; Anxiety Group.

McGill Centre

- 444 referrals
- 210 new cases
- 249 cases closed
- 623 total cases
- Referrals to McGill Centre come from: Hillsborough Hospital; Queen Elizabeth Hospital (all nursing units); self-referral; psychiatrists; general physicians; Addictions; and Home Care

Hillsborough Hospital

- 5 Nursing Units, including: Unit 3 *Assessment/Sub-Acute;* Unit 5 *Psychogeriatric*; Unit 7 *Patients with Long Term Mental Illness;* Unit 8 *Rehabilitation*; Neuro-Trauma Unit
- 7 Programs: Nursing, Occupational Therapy, Developmental Services, Recreation, Psychology, Social Work, and Pastoral Care.
- 30 Day Program Clients
- 34 Volunteers, as well as 22 Volunteers with Hillsborough Hospital Auxiliary.

Divisions: A Year in Review

Provincial Pharmacy

Mission

- *Assisting Islanders in maintaining and improving their health by providing quality pharmacy services to clients as well as health and community agencies through the dispensing of medications, education and consultation services, program administration and the purchasing of drugs.*

The Provincial Pharmacy provides services to clients who are on social assistance and living in the community, in government manors, in subsidized beds in private nursing homes and clients who access service via public health disease specific programs. Some of the programs delivered are: Seniors Drug Cost Assistance Plan, Multiple Sclerosis Program, Family Health Benefit Program, Welfare Assistance Program and the Immunization Program.

Last year, a great deal of time was spent planning for the re-organization of two major Provincial Pharmacy programs. Efforts were focused on transferring medications for social assistance clients and oral diabetes drugs to community pharmacies throughout the Island, to provide easier access for clients.

Some Objectives Achieved in 1999/2000:

- *Clear direction for programs and services received from government*
- *Comprehensive plan established to allow Social Assistance clients and Oral Diabetes clients who receive their medications at Provincial Pharmacy to get them at their local pharmacy*
- *Family Health Benefit cost-assistance program introduced*

Divisional Objectives

- Improve accessibility to services.
- Improve the efficient use of resources.
- Advocate for a clear direction for programs and services.
- Identify and implement opportunities for improved quality of services.
- Assure effective communications with clients and service providers.

Statistics

Provincial Pharmacy

- Seniors Drug Program - 12,444 clients and 160,681 prescriptions filled

- Pharmacy provides medications for facilities across the province, including:
    - addiction facilities
    - long-term care facilities
    - correctional centres

- Vaccines provided through Pubic Health Nursing for thousands of Islanders of all ages

- Cost assisted programs are provided for Islanders with specific diseases including:
    - Multiple Sclerosis
    - Diabetes
    - AIDS
    - Cystic Fibrosis
    - Hepatitis

Divisions: A Year in Review

Community Services

Mission

- *To improve health by providing a broad range of health services through community-based promotion, prevention and early intervention, in addition to supportive and treatment services.*

Some Objectives Achieved in 1999/2000:

- *Quality Councils established*
- *Detailed workplans developed for all services*
- *New databases created for Addictions, Speech Language Pathology and Housing*
- *Ergonomic workshop held for all program areas*
- *Worked with Pat and the Elephant to develop capacity of the board*
- *Expanded the role of the Four Neighbourhoods Community Health Centre*

The scope of programs and services provided by the Community Services Division include the following areas: Public Health Nursing, Diabetes Education, Dental Health, Environmental Health, Speech and Audiology, Community Nutrition, Housing, Addictions, Community Health Centers and Non-Governmental Organizations (NGOs).

The client group served by the Community Services Division is diverse and represents a population that ranges from children to seniors. Supportive, preventive and treatment services are offered. Increased emphasis on early intervention and prevention is a division priority.

Community Services plays a leadership role in the area of health promotion through its Public Health programs and educational and preventive programming, with particularly as it relates to services for children, youth and families. To that end, the division is working with a variety of groups in the community.

Over the last year efforts were also directed in the areas of reducing youth tobacco use, diverse programming for the intellectually challenged population, community nutrition, housing, support for community health centres and support for families who have children with either mental or physical disabilities.

Divisional Objectives

- Provide client-centered service and quality management.
- Promote a healthy environment for people in the workplace.
- Promote prevention and earlier intervention strategies.
- Build community relationships.
- Provide a collaborative leadership and management environment in the division.
- Use our resources in the most efficient way.

Statistics

Community Services

Addiction Services

- Rehabilitation Clients - 127
- Counselling Sessions - 878
- Community Referrals - 302
- Assessments - 172
- After Care Clients - 112
- Detoxification Clients - 687 (546 Males, 141 Females)
- Lacey House Admissions - 26
- Talbot House Admissions - 59
- Shelter Unit Admissions - 985
- Youth Program Participants - 539
- Youth Program Individual Counselling Sessions - 428
- Schools Participating in Student Assistance Program - 16
- Family Program Participants - 255
- Family Counselling Sessions - 216
- Family Detox Session Participants - 608
- Interventions - 19

Dental Health

- 17,988 served under Children's Dental Care Program
- Utilization Rate - 69% (4,000 children are also seen under third party insurance, raising utilization rates among children 3-17 to approximately 85% - one of the highest utilization rates in the country)
- Grade 6 and 7 children averaged 0.9 decayed, missing or filled teeth. (Compares favourably or better than dental disease rates in other parts of the country)
- 64% of children aged 12 and 13 have not experienced decay on their permanent teeth
- 886 residents of 16 long term care facilities had dental screening examinations
- 516 children currently registered with the preventive orthodontic clinic
- 287 children were treated with active or passive removable orthodontic appliances
- Risk assessment screenings began in 24 Island schools (with 6,861 eligible children)
- 600 children were seen under new Early Childhood Dental Initiative Program for 15 and 18 month olds

Provincial Diabetes Program

- 22 Gestational Clients
- 1139 individual consultations, including meal plan reviews, special diets, blood glucose monitoring, lifestyle counselling, and medication adjustments

Statistics

Community Services

Environmental Health

- 228 participants enrolled in food and water illness prevention courses
- Approximately 1600 inspections were conducted province-wide at all premises serving or dispensing food to the public
- Indoor air quality monitoring was completed in six schools.
- 330 investigations were conduced in the resolution of environmental health issues (ponding of sewage, dead animal complaints, garbage, etc.) in cooperation with the Departments of Environment and Provincial Affairs
- 89 swimming pools were inspected
- 1559 inspections were conducted and 23 complaints/inquiries were addressed in an effort to reduce the smoking rates of young people on Prince Edward Island

Housing Services

- 541 Senior Citizen Housing units
- 27 seniors assisted through the Helping Hands for Seniors Program
- 176 Family Housing units
- 22 applications for repairs were approved at a cost of $19,839
- 582 applications were received for Senior Citizens Housing

Public Health Nursing

- Breastfeeding Clients: 766
- Reproductive Care Clients: 194
- Prenatal Class Participants: 419
- Infants and Preschoolers Assessed: 4,576
- Total Immunizations: 11,326
- Total Births: 764
- Post-Partum Visits: 1,523
- School Age Visits:9,237

Speech and Audiology

- Total Client Visitations: 772
- Active Caseload: 337
- Pre-Schoolers:123
- School-Aged: 111
- Adults: 103
- Total Referrals: 290

Family Support Program

- 138 cases requiring high, moderate and low level care
- Support for clients with down syndrome, cerebral palsy, autism, spina bifida, visual impairment and others

Divisions: A Year in Review

Income Support

Mission

- *Our mission is to support the health of Islanders by providing quality services and promoting health in partnership with Islanders through the provision of basic needs and an employment based framework to continue to promote self-sufficiency and community involvement.*

Some Objectives Achieved in 1999/2000:

- *Quality Council established with representation from HRDC, Child & Family Services, Food Bank, front line staff and managers*
- *Caseload equal or less than provincial standards*
- *Educational and early intervention sessions held with clients*
- *Statistical analysis on non-employable caseload*

Income Support (Social Assistance), Job Creation and Employment Enhancement clients are individuals and families who range in age from 18 to 65 years, with some exceptions. Clients require income support to enable them to meet their basic needs. Last year, Job Creation and Employment Enhancement continued to develop and deliver programs to upgrade the skill levels of their clients, improving their chances of obtaining and maintaining employment. In addition to the financial assistance application to determine financial need, historical, social and employability assessments were also completed with clients to identify needs and develop appropriate case plans.

Divisional Objectives

- Caseload assessment: to bring averages within provincial standards.
- Reduce overall financial assistance caseload in Queens Region.
- Prepare statistical analysis on non-employable caseload.
- Prepare statistical background on special caseloads.
- Provide educational and early intervention sessions .
- Evaluate financial supports to seniors on income support.
- Design and implement streamlined statistical and operational system for day care services.
- Monitor and evaluate human resource requirements of the division.

Statistics

Income Support

Job Creation Program

- Job Creation Program Employers -110
- Job Creation Program Placements - 460
- Science Technology and Culture Summer Program participants -15

Employment Enhancement

- Job search, interview skills, and resumes are done on an individual basis. Clients who have been referred to Employment Enhancement are assigned an employment counsellor.

Employment Training Programs

- Clients with Disabilities: 9 clients participated in 12 weeks of training and were hired by On-line Support
- 6 Employment Preparation Sessions were held with up to 10 clients in each
- 16-week program for young single mothers was held with approximately 10 participants
- 126 clients were referred to the Job Focus Program

Employability Assistance for People with Disabilities

- 50 clients supported
- funding provided for post-secondary education, ACE Program, on-line training, wages, tutor/note taker, distance education, job coach, interpreter, specialized equipment, Spell Read

Summer Reading Program

- A pilot project with Employment Enhancement, the Eastern School District and St. Jean School. Through the program, two Job Creation Program participants worked with 25 elementary school children to help them maintain their reading levels over the summer, enabling them to make a smoother transition to the next grade in the fall.

EI Outreach

Offered to clients who receive Financial Assistance and Employment Insurance benefits to increase employability:

- 325 clients referred
- 265 interventions in career decision making, skill enhancement, job search, and employment maintenance (referral sources include CHANCES, Spell Read Canada, Small Business Support Program, Tremploy, Council of the Disabled, and HRDC Programs)
- 128 employed

PRICEWATERHOUSECOOPERS

Queens Region Health and Community Services

Financial Statements
March 31, 2000

PRICEWATERHOUSECOOPERS

PricewaterhouseCoopers LLP
Chartered Accountants
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June 22, 2000

Auditors' Report

To the Members of
Queens Region Health and Community Services

We have audited the statement of financial position of **Queens Region Health and Community Services** as at March 31, 2000 and the statements of revenue and expenditures and unappropriated equity, revenue and expenditures and appropriated equity, cash flows and tangible capital assets for the year then ended. These financial statements are the responsibility of the organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of Queens Region Health and Community Services as at March 31, 2000 and the results of its operations and its cash flows for the year then ended in accordance with public sector accounting recommendations.

PricewaterhouseCoopers LLP

Chartered Accountants

PricewaterhouseCoopers LLP is a Canadian member firm of PricewaterhouseCoopers International Limited, an English company limited by guarantee.

Queens Region Health and Community Services

Statement of Financial Position

As at March 31, 2000

	2000 $	1999 $
Assets		
Current assets		
Cash	860,397	2,475,697
Accounts receivable (note 3)	2,705,301	3,126,106
Due from Province of Prince Edward Island Department of Health and Social Services	11,828,652	12,805,539
Prepaid expenses	1,298,610	595,644
	16,692,960	19,002,986
Assets held in trust	90,218	94,077
Appropriated assets	167,720	167,964
	16,950,898	19,265,027
Liabilities		
Current liabilities		
Accounts payable and accrued liabilities	9,548,331	12,486,136
Accrued vacation pay and retiring allowances	7,031,676	6,256,990
Deferred revenue	112,953	259,860
	16,692,960	19,002,986
Assets held in trust	90,218	94,077
	16,783,178	19,097,063
Surplus		
Appropriated equity		
Restricted Fund	167,720	167,964
Unappropriated equity	-	-
	167,720	167,964
	16,950,898	19,265,027

Approved by the Board of Directors

David T. McLaren Director

Alicia Bourque Director

PRICEWATERHOUSECOOPERS

Queens Region Health and Community Services

Statement of Revenue and Expenditures and Unappropriated Equity

For the year ended March 31, 2000

	Regional Programs $	Assigned Programs $	2000 Total $	1999 Total $
Revenue				
Contributions – P.E.I. Department of Health & Social Services (note 2)	127,636,817	14,879,842	142,516,659	138,281,958
Patient/client fees	3,001,844	-	3,001,844	3,185,683
Other income (note 3)	2,613,750	-	2,613,750	4,878,555
	133,252,411	14,879,842	148,132,253	146,346,196
Expenditures				
Acute care/mental health division				
Hospital services (note 3)	62,965,698	-	62,965,698	63,833,226
Mental health	10,673,131	-	10,673,131	10,603,696
Child and family services division	6,004,198	-	6,004,198	5,934,815
Income support division				
Income support program	22,982,846	-	22,982,846	24,842,735
Job creation program	1,368,034	-	1,368,034	1,792,550
Community services division				
Addiction services	2,710,434	-	2,710,434	2,034,535
Housing	1,745,910	-	1,745,910	1,633,917
Public health nursing	1,086,220	-	1,086,220	969,780
Funding to non-government organizations	2,029,400	-	2,029,400	1,896,500
Community services programs	1,508,532	-	1,508,532	1,184,853
Continuing care division	19,292,688	-	19,292,688	17,531,651
Administration	885,320	-	885,320	877,141
Assigned programs				
Dental public health	-	2,134,013	2,134,013	2,082,166
Provincial pharmacy	-	12,349,852	12,349,852	10,790,733
Environmental health	-	395,977	395,977	337,898
	133,252,411	14,879,842	148,132,253	146,346,196
Excess revenue for the year	-	-	-	-
Unappropriated equity – Beginning of year			-	-
Unappropriated equity – End of year			-	-

PRICEWATERHOUSECOOPERS

Queens Region Health and Community Services

Statement of Revenue and Expenditures and Appropriated Equity

For the year ended March 31, 2000

	2000 $	1999 $
Restricted Fund		
Revenue		
Donations	38,065	33,662
Interest	7,636	16,290
	45,701	49,952
Expenditures		
Resident activities	45,945	41,099
Excess revenue (expenditures) for the year	(244)	8,853
Restricted Fund equity – Beginning of year	167,964	159,111
Restricted Fund equity – End of year	167,720	167,964

Queens Region Health and Community Services

Statement of Cash Flows

For the year ended March 31, 2000

	2000 $	1999 $
Cash provided by (used in)		
Operating activities		
Excess revenue (expenditures) for the year – operating fund	-	-
– restricted fund	(244)	8,853
	(244)	8,853
Net change in non-cash working capital items		
– decrease in accounts receivable	420,805	835,568
– decrease (increase) in due from Province of P.E.I. Department of Health and Social Services	976,887	(2,098,102)
– increase in prepaid expenses	(702,966)	(138,252)
– increase (decrease) in accounts payable and accrued liabilities	(2,937,805)	2,847,582
– increase in accrued vacation pay and retiring allowances	774,686	217,726
– increase (decrease) in deferred revenue	(146,907)	219,910
	(1,615,300)	1,884,432
	(1,615,544)	1,893,285
Investing activity		
Decrease (increase) in appropriated assets	244	(8,853)
Increase (decrease) in cash	(1,615,300)	1,884,432
Cash – Beginning of year	2,475,697	591,265
Cash – End of year	860,397	2,475,697

Queens Region Health and Community Services

Statement of Tangible Capital Assets

For the year ended March 31, 2000

	Land and Improvements $	Buildings $	Equipment $	2000 Total $	1999 Total $
Cost of tangible capital assets					
Opening cost	554,007	44,641,977	27,495,738	72,691,722	66,240,575
Additions during the year	-	-	1,871,834	1,871,834	6,451,147
Closing cost	554,007	44,641,977	29,367,572	74,563,556	72,691,722
Accumulated amortization					
Opening accumulated amortization	17,502	18,173,455	11,678,220	29,869,177	28,062,370
Add: Amortization	2,918	1,117,722	827,219	1,947,859	1,806,807
Closing accumulated amortization	20,420	19,291,177	12,505,439	31,817,036	29,869,177
Net carrying amount of tangible capital assets	533,587	25,350,800	16,862,133	42,746,520	42,822,545

1 Summary of significant accounting policies

Basis of accounting

Queens Region Health and Community Services follows the accounting recommendations of the Public Sector Accounting Board of The Canadian Institute of Chartered Accountants.

Basis of presentation

Queens Region Health and Community Services operates five divisions: acute care/mental health, child and family services, income support, community services and continuing care.

In addition to regional programs, the Prince Edward Island Department of Health and Social Services assigned to Queens Region Health and Community Services the management of three provincial programs – dental public health, provincial pharmacy and environmental health.

Included in the acute care/mental health division are the following services:

- Queen Elizabeth Hospital
- Hillsborough Hospital
- Sherwood Home
- Community Mental Health

Included in the income support division are the following services:

- Income support programs
- Job creation program

Included in the community services division are the following services:

- Addiction services
- Housing
- Public health nursing
- Speech program
- Audiology program
- Contributions to non-government organizations
- Community services program

Included in the continuing care division are the following services:

- Beach Grove Home
- Prince Edward Home
- Contributions to private nursing homes
- Home care and support

These financial statements do not include the assets, liabilities and activities of the Region's related organizations, Queen Elizabeth Hospital Foundation Inc. and Queen Elizabeth Hospital Auxiliary Inc.

Restricted Fund

Several institutions in Queens Region Health and Community Services have funds that are subject to certain restrictions. All such funds were formed for the purpose of benefiting the residents of the institutions.

The following funds are included in the Restricted Fund on the financial statements:

- Beach Grove Home Memorial fund
- Hillsborough Hospital Memorial fund
- Prince Edward Home Memorial fund
- Prince Edward Island Palliative Care fund

Interest earned on these funds has also been designated for the purpose of benefiting the residents and is included in interest income of the Restricted Fund.

Financial support overpayments

Financial support overpayments are recorded as receivable when identified, with a full provision as a doubtful account. Recoveries of financial support overpayments are recorded as a reduction to financial support expenditures when received.

Assets held in trust

Certain institutions provide a safekeeping for residents' monies, which are primarily held in bank accounts or Province of Prince Edward Island deposits.

Tangible capital assets

Capital assets are recorded at cost on the Statement of Tangible Capital Assets. Amortization of capital assets is recorded on the Statement of Tangible Capital Assets using the straight-line method at the annual rate of 10% for land improvements, 2.5% for buildings and 6.25% for equipment.

Capital assets purchased in the year are expensed on the Statement of Revenue and Expenditures and Unappropriated Deficit.

Many of the services provided through the Queens Region Health and Community Services are located in properties owned directly or indirectly by the Province of Prince Edward Island. Agreement has been reached with the Province for the Region to use these properties at no rental charge.

Management estimates

The presentation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent liabilities at the date of the financial statements and the reported amounts of revenues and expenditures during the reported period. Actual results could differ from those reported.

Fair value of financial instruments

The financial instruments of the Region include accounts receivable, due from Province of Prince Edward Island Department of Health and Social Services, assets held in trust, appropriated assets, accounts payable and accrued liabilities, and accrued vacation pay and retiring allowances.

The Region has evaluated the fair value of its financial instruments based on the current interest rate environment, market values and the actual prices of financial instruments with similar terms. The carrying value of financial instruments is considered to approximate fair value.

2 Contributions – Prince Edward Island Department of Health and Social Services

			2000	1999
	Regional Programs $	Assigned Programs $	Total $	Total $
Operating	127,636,817	14,879,842	142,516,659	135,425,235
Radiation oncology services				
– construction	-	-	-	1,527,422
– equipment	-	-	-	1,329,301
	127,636,817	14,879,842	142,516,659	138,281,958

3 Related party transactions

Accounts receivable includes $409,095 (1999 - $1,143,608) from the Queen Elizabeth Hospital Foundation Inc. for equipment purchases. Other income includes donations from the Queen Elizabeth Hospital Foundation Inc. for equipment purchases of $881,502 (1999 - $3,498,992). These purchases are included in hospital services expense.

4 Comparative figures

Certain expenditures have been restated for the year ended March 31, 1999 to provide comparative figures to the basis of presentation adopted in the current year.